



Optional Practical Training (OPT) Request Form

To request an OPT I-20, you must submit this completed form to the International Students Office within Admissions. The form must be signed by you and your Academic Advisor (original signature required). Please contact the PDSO via (650) 508-3600 or via email at iadmissions@ndnu.edu with questions about this form or OPT.

Last Name:		First Name:	
NDNU ID:		Date of current I-20 expiration :	
Email address you will use after graduation:			Telephone:
Current address:			
I am applying for: <input type="checkbox"/> Post-Completion OPT <input type="checkbox"/> Pre-Completion OPT			
Have you been authorized for OPT in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - From : To :			
If you have been authorized for OPT in the past, on which degree level was it based? <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.			
When do you expect to graduate? Semester: Year:			
Requested OPT Authorization Dates:		*Start Date :	End Date :
*Start date must be within 60 days of your program completion date.			
I understand the responsibilities required for maintaining F-1 status during my period of Optional Practical Training authorization as stated on the OPT Application Guideline.			
Signature of Student:		Date:	
Academic Recommendation This section must be completed by your academic advisor.	Student's Major:		Second Major (if applicable):
	Is student registered in current term? <input type="checkbox"/> Yes <input type="checkbox"/> No		Level of Study: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D
	When is student expected to complete all degree requirements? Semester: Year:		Will the student have completed all coursework requirements for the degree by the start date of OPT? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Has the student submitted a graduation application to the Registrar's office? <input type="checkbox"/> Yes <input type="checkbox"/> No
	I confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his/her field of study. Optional Comments :		
Advisor's Name:			
Signature:		Date:	